Effective October 1, 2001										471	0	1005	76
CLAIMS AS FILED - PART (Column 1)						(Column 2) SMAL			EN	ITITY	OR	OTHER SMALL	
TOTAL CLAIMS			42					RATE		FEE		RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE		370.00	OR	BASIC FEE	740.00
TOTAL CHARGEABLE CLAIMS			¥ 2 minus 20=		. 22			X\$ 9=			OR	X\$18=	396
INDEPENDENT CLAIMS			6 minus 3 =		* 3			X42=			OR	X84=	952
MU	LTIPLE DEPEN	DENT CLAIM PR	RESENT					+140=		~	OR	+280=	
* If	the difference	in column 1 is	less than zero, enter		r "0" in column 2			TOTAL			OR	TOTAL	1385
() CLAIMS AS AMENDED - PART II										<u> </u>		OTHER	
10	7018 DC	(Column 1)		(Colu				SMA	LL E	L ENTITY		SMALL	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· 40	Minus		Q_{-}	=		X\$ 9	=		OR	X\$18=	6
	Independent	* 6	Minus	*** (9	=]	X42:	=		OR	X \$€=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+140	=.		OR	300-	
							İ		ΓAL		OR	TOTAL ADDIT, FEE	2
		(Column 1)		(Colu	mn 2)	(Column 3)		ADDIT. F	EE		•	ADDII. FEE	
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RAT	Ε	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9	-		OR	X\$18=	-
	Independent	*	Minus	***		-	┨│	X42:	-		OR	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+140	=		OR	+280=	
							'	TO ADDIT. F	AL EE		OR	TOTAL ADDIT, FEE	
		(Column 1)		(Colu	mn 2)	(Column 3							
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		NUN PREVI	HEST MBER OUSLY FOR	PRESENT EXTRA		RATI	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**	-	=		X\$ 9	=		OR	X\$18=	
SE SE	Independent	*	Minus	***		.		X42:				X84=	
4	FIRST PRESENTATION OF MOLTIFLE DEPENDENT CLAIM										OR		
		, , ,	h	····· • • ··· •	. MI :	h.mn 2		+140			OR	+280=	
**	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." **If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "20." **The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												

FORM PTO-875 (Rev. 8/01)

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